

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38763
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 788
 (b) Township Jefferson Primary Registration District No. 4471
 (c) City Webster Groves (d) Street No. Rick Hill Road E. Hines R.R. Registered No. 104
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Herman Kaesber
Rural Route #6, Sappington Rd
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1913

7. AGE YEARS 24 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
 9. Industry or business in which work was done, as saw mill, bank, etc. County Electric Co.
 10. Date deceased last worked at this occupation (month and year) Oct 24 - 1937
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Max Kaesber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Margaret Brandner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John E. Brandner
Chicago Illinois

18. ~~BURIAL~~ CREMATION, Other
 PLACE Valhalla crematory DATE Oct 26, 1937

19. FUNERAL DIRECTOR Parker Ward Co
 (ADDRESS) Webster Groves Mo

20. FILED 10-25-1937 Jules R. Yore
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:08 a.m.
 The principal cause of death and related causes of importance were as follows:

Automobile - Grain Elevator
Struck by locomotive while
driving for ammunition
cut - struck on a public
highway grade crossing
 Other contributory causes of importance:

Fractured skull & multiple
fractures
 Name of operation None Date of.....
 What test confirmed diagnosis Physical Exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Oct 24, 1937
 Where did injury occur? Webster Groves
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto struck by locomotive
 Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....
 (Signed) John E. Brandner M. D.
 (Address) Former S. & A. Co.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)